



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D3560-044**  
**Job Sheet 188645**



Part No: D3560-044

Job Qty: 4 pcs

Part Name: Arm Weldment



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/14/19

Job Tracking No:

Due Date: 1/25/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV D IPP Rev:A New Issue 07.05.24 EC IPP Rev B ECN 987 07.10.09 EC verified by DD IPP Rev:C  
ECN1048 07-12-18 DD verified by: EC

Ship Via:

### Bill of Materials

### Job Routing

| Op<br>No | Operation                 | Qty      | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier   |              | Sign-off |
|----------|---------------------------|----------|------------|-------------|--------------|------------|-----------------------|--------------|----------|
|          |                           |          |            |             | Setup<br>Hrs | Run<br>Hrs | Workcenter / Supplier | Lead<br>Time |          |
| 140      | Large Fab - Welded Assy-1 | 4<br>pcs | 1/25/19    |             | 0.00         | 3.08       | Large Fab - 1         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 10        |              |          |
|          |                           |          |            |             |              |            | Large Fab - 2         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 3         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 4         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 5         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 6         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 7         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 8         |              |          |
|          |                           |          |            |             |              |            | Large Fab - 9         |              |          |
| 150      | QC 5                      | 4<br>pcs | 1/25/19    |             | 0.00         | 0.00       | QC 5 - 10             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 12             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 17             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 18             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 19             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 22             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 24             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 3              |              |          |
|          |                           |          |            |             |              |            | QC 5 - 38             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 42             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 43             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 49             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 51             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 58             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 68             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 9              |              |          |
|          |                           |          |            |             |              |            | QC 5 - 50             |              |          |
|          |                           |          |            |             |              |            | QC 5 - 30             |              |          |
|          |                           |          |            |             |              |            | QC 9 - 10             |              |          |
|          |                           |          |            |             |              |            | QC 9 - 18             |              |          |
|          |                           |          |            |             |              |            | QC 9 - 24             |              |          |
|          |                           |          |            |             |              |            | QC 9 - 43             |              |          |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



|                                   |       |         |           |                            |              |
|-----------------------------------|-------|---------|-----------|----------------------------|--------------|
|                                   |       |         |           | QC 9 - 50                  |              |
|                                   |       |         |           | QC 9 - 9                   |              |
| 170 Handfinish - 1-1 Chemical-B4B | 4 pcs | 1/25/19 | 0.00 0.57 | Handfinish - 1 - 1 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 2 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 3 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 4 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 5 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 6 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 7 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 8 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 9 - B4B   |              |
|                                   |       |         |           | Handfinish - 1 - 10 - B4B  | D.R 19/01/28 |
|                                   |       |         |           | Handfinish - 1 - 11 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 12 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 13 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 14 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 15 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 16 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 17 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 18 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 19 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 20 - B4B  |              |
|                                   |       |         |           | Handfinish - 1 - 21 - B4B  |              |
|                                   |       |         |           | 2Handfinish - 1 - 22 - B4B |              |
| 180 QC 7                          | 4 pcs | 1/25/19 | 0.00 0.00 | QC 7 - 10                  |              |
|                                   |       |         |           | QC 7 - 13                  |              |
|                                   |       |         |           | QC 7 - 14                  |              |
|                                   |       |         |           | QC 7 - 15                  |              |
|                                   |       |         |           | QC 7 - 17                  |              |
|                                   |       |         |           | QC 7 - 18                  |              |
|                                   |       |         |           | QC 7 - 19                  |              |
|                                   |       |         |           | QC 7 - 2                   |              |
|                                   |       |         |           | QC 7 - 28                  |              |
|                                   |       |         |           | QC 7 - 3                   |              |
|                                   |       |         |           | QC 7 - 30                  |              |
|                                   |       |         |           | QC 7 - 34                  | DAS          |
|                                   |       |         |           | QC 7 - 36                  | 36           |
|                                   |       |         |           | QC 7 - 37                  | 9-89         |
|                                   |       |         |           | QC 7 - 38                  |              |
|                                   |       |         |           | QC 7 - 41                  |              |
|                                   |       |         |           | QC 7 - 47                  |              |
|                                   |       |         |           | QC 7 - 48                  |              |
|                                   |       |         |           | QC 7 - 51                  |              |
|                                   |       |         |           | QC 7 - 58                  |              |
|                                   |       |         |           | QC 7 - 59                  |              |
|                                   |       |         |           | QC 7 - 6                   |              |
|                                   |       |         |           | QC 7 - 60                  |              |
|                                   |       |         |           | QC 7 - 9                   |              |
|                                   |       |         |           | QC 7 - 68                  |              |
|                                   |       |         |           | QC 7 - 50                  |              |
|                                   |       |         |           | QC 7 - 67                  |              |
| 190 Small Fab - 2 - B4B           | 4 pcs | 1/25/19 | 0.00 0.12 | Small Fab - 1 - B4B        |              |
|                                   |       |         |           | Small Fab - 2 - B4B        |              |
|                                   |       |         |           | Small Fab - 3 - B4B        | DAS          |
|                                   |       |         |           | Small Fab - 4 - B4B        | 36           |
|                                   |       |         |           | Small Fab - 5 - B4B        | 9-89         |
|                                   |       |         |           | Small Fab - 6 - B4B        |              |
|                                   |       |         |           | Small Fab - 7 - B4B        |              |
| 200 QC 5                          |       | 1/25/19 | 0.00 0.00 | QC 5 - 10                  |              |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |



|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  |                        |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-----------|--|------------------------|-----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                               | 4<br>pcs |         |           |  | QC 5 - 12              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 17              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 18              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 19              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 22              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 24              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 3               |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 38              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 42              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 43              | <i>SS</i>             |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 49              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 51              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 58              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 68              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 9               |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 50              |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 5 - 30              |                       |
| 210 Packaging 3-1 - Stock - B4B                                                                                                                                                                                                                                                                                                                                                               | 4<br>pcs | 1/25/19 | 0.00 0.00 |  | Packaging 3 - 1 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 2 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 3 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 4 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 5 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 6 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 7 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 8 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 9 - B4B  |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 10 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 11 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 12 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 13 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 14 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 15 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 16 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 17 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 18 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 19 - B4B | <i>SS</i>             |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 20 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 21 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 22 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 23 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 24 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 25 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 26 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 27 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 28 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 29 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 30 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 31 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 32 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 33 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 34 - B4B |                       |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | Packaging 3 - 35 - B4B |                       |
| 220 QC 21 - SA                                                                                                                                                                                                                                                                                                                                                                                | 4<br>pcs | 1/25/19 | 0.00 0.00 |  | QC 21 - SA - 21        | <i>DAS</i>            |
|                                                                                                                                                                                                                                                                                                                                                                                               |          |         |           |  | QC 21 - SA - 70        | <i>21 JAN 28 2019</i> |
| Part Op 140 - (Weld per dwg A/R Aluminum rod Batch: _____) 1-Weld assembly as per dwg D3560<br>Descriptions: 150 - (QC5- Inspect part completeness to step on W/O)<br>160 - (QC9- Inspect visual per QSI004- Fusion Welds)<br>170 - (Chemical Conversion Coat per QSI005 4.1)<br>180 - (QC7-Inspect Chemical Conversion Coat)<br>190 - (Small Fab) 1-Press bushing in D3560 arm per dwg D3562 |          |         |           |  |                        |                       |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                               |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042)                  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Completed By</b>           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Lead hand / Supervisor</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>QC / QA Coordinator</b>    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Preservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                               |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |



200 - (QC5- Inspect part completeness to step on W/O)  
 210 - (Identify as per dwg & Stock Location: \_\_\_\_\_) \*\*\* STOCK IN STEP CELL\*\*\*  
 220 - (QC21- Final Inspection - Work Order Release)

### Job BOM

| Part / Item | Component Name | Quantity     | Operation                     | Container |
|-------------|----------------|--------------|-------------------------------|-----------|
| D3560-4     | Arm            | 4 Ea (1 ea)  | 140-Large Fab - Welded Assy-1 | S090514   |
| D3592-1     | Plate          | 4 Ea (1 ea)  | 140-Large Fab - Welded Assy-1 | S061044   |
| D2808       | Spacer         | 4 pcs (1 ea) | 190-Small Fab - 2 - B4B       | S097174   |

### Job Allocations

| Operation                     | Component Part | Required | Inventory | Allocated |
|-------------------------------|----------------|----------|-----------|-----------|
| 140-Large Fab - Welded Assy-1 | D3560-4        | 4        | 1         | 0         |
|                               | D3592-1        | 4        | 36        | 0         |
| 190-Small Fab - 2 - B4B       | D2808          | 4        | 24        | 0         |

### Part Specifications

Specifications could not be found.

Plex 1/14/19 8:10 AM Dart.lajeunesse.marie



Container No: S147907



Part: D3560 - 044  
 Job No: 188645  
 Serial No/Batch: S147907  
 Revision:  
 Inspector:  
 Exp Date:  
 Instructions: Various STC's

Dart Aerospace Ltd.  
 1270 Aberdeen Street  
 Hawkesbury, ON K64 1K7  
 CANADA  
 TEL.: 1 813 632-5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

Date: 01/25/19

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Eng. (Non-AW) <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Supplier Quality <input type="checkbox"/></td> </tr> </table> |                                            |                       |                          | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Eng. (Non-AW) <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier Quality <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cross tube <input type="checkbox"/>                                                                                               | Eng. (Non-AW) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Engineering <input type="checkbox"/>       |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Small Fab <input type="checkbox"/>                                                                                                | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Water Jet <input type="checkbox"/>         |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Finishing <input type="checkbox"/>                                                                                                | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Supplier Quality <input type="checkbox"/>  |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | MRB (QSI042)          |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Disposition</b>                         |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Completed By                               |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lead hand / Supervisor                     |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | QC / QA Coordinator                        |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Root Cause</b><br><br><table style="width:100%;"> <tr><td>Operator</td><td><input type="checkbox"/></td></tr> <tr><td>Manufacturing Process</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Presservation</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td></tr> <tr><td>Product Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Process Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Human Factors</td><td><input type="checkbox"/></td></tr> </table> |                                                                                                                                   | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                   | Manufacturing Process | <input type="checkbox"/> | Equip/Tooling                      | <input type="checkbox"/>            | Handling/Presservation                 | <input type="checkbox"/>             | Material                           | <input type="checkbox"/>           | Product Improvement                        | <input type="checkbox"/>           | Process Improvement                | <input type="checkbox"/>           | Human Factors                                | <input type="checkbox"/>                  | <b>FAULT CATEGORY</b><br><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> Pressure/Forced</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Tolerance</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain Direction</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td> <td><input type="checkbox"/> Incomplete/Unclear Instructions</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Marks/Chatter</td> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Off-set/Set-up</td> <td></td> </tr> </table> |  |  |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Handling/Presservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Human Factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Contamination                                                                                            | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Positioned Wrong  |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Misaligned/off center                                                                                    | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Outside Tolerance |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> BOM/Route                                                                                                | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Drawing           |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Broken/Damage/Defect                                                                                     | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Finish            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Incomplete/Unclear Instructions                                                                          | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Part Lost/Missing |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Drill Holes                                                                                              | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Misread           |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Fit/Function                                                                                             | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                       |                          |                                    |                                     |                                        |                                      |                                    |                                    |                                            |                                    |                                    |                                    |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |